

**Collection Agency Company Financial Statement**

To the Superintendent of the Department of Financial Institutions:

The financial statement of the licensee/applicant listed below, for the time period beginning (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and ending (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, is hereby submitted.

Name of Licensee/Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Collection Agency License # CA \_\_\_\_\_

**Information on the financial statement must be for the collection agency only.**

**Do not include personal items or the consolidation of other businesses.**

**I. BALANCE SHEET ( As of the end of the reporting period).**

**(A) ASSETS**

Dollars

|   |  |
|---|--|
| 1. (a) Cash – Client Trust                            |  |
| (b) Cash – Other                                      |  |
| 2. Notes Receivable - Secured                         |  |
| 3. Notes Receivable - Unsecured                       |  |
| 4. Accounts Receivable - Current                      |  |
| 5. Accounts Receivable - Past Due                     |  |
| 6. U. S. Govt. obligations                            |  |
| 7. Real Estate (Part III, line 5)                     |  |
| 8. Stock, bonds & other investments (Part IV, line 9) |  |
| 9. Other Assets (Part V, line 9)                      |  |
| 10. TOTAL ASSETS (sum of lines 1 thru 9)              |  |

**NOTE:**

**Line 10 Must Equal Line 25**

**Line 24 Must Be Positive**

**Line 1(a) Must be Greater Than or Equal to Line 12(a)**

**Collection Agency Company Financial Statement****(B) LIABILITIES**

Dollars

|   |  |
|---|--|
| 11. Notes Payable                               |  |
| 12. (a) Accounts Payable – Client Trust         |  |
| 12. (b) Accounts Payable – Other                |  |
| 13. Accrued Taxes                               |  |
| 14. Accrued Interest                            |  |
| 15. Subordinated Notes & Debentures             |  |
| 16. Due to affiliates                           |  |
| 17. Other liabilities (Part VI, line 7)         |  |
| 18. TOTAL LIABILITIES (sum of lines 11 thru 17) |  |

**(C) NET WORTH**

|  |                              |   |  |
|--|------------------------------|---|--|
| 19. Preferred stock                                      | Number of shares outstanding |   |  |
|  | Par value per share          |   |  |
| 20. Common stock   | Number of shares authorized  |   |  |
|  | Number of shares outstanding |   |  |
|  | Par value per share          |   |  |
| 21. Additional paid-in capital                           |                              |   |  |
| 22. Retained earnings (deficit)                          |                              |   |  |
| 23. Treasury Stock                                       |                              |   |  |
| 24. TOTAL NET WORTH (sum of lines 19 thru 23)            |                              | * |  |
| 25. TOTAL LIABILITIES & NET WORTH (sum of lines 18 & 24) |                              |   |  |

**Collection Agency Company Financial Statement****II. STATEMENT OF CHANGE IN NET WORTH/EQUITY**

|                         | Capital Stock | Additional Paid-in Capital | Retained Earnings (Deficit) | Treasury / Stock | Total Equity |
|-------------------------|---------------|----------------------------|-----------------------------|------------------|--------------|
| Balance, Beginning      |               |                            |                             |                  | \$           |
| Dividends/Distributions |               |                            |                             |                  |              |
| Net Income (Loss**)     |               |                            |                             |                  | **           |
| Other                   |               |                            |                             |                  |              |
| Balance, Ending*        |               |                            |                             |                  | *\$          |

NOTE: \* Ending balance must agree with Line 24 of Section I (above).

\*\* Net Income (Loss) must agree with Section VIII, Line 23

**III. SCHEDULE OF REAL ESTATE OWNED**

| Description & Location     | Title & Owner | Cost | Appraisal Value | Mortgages | Tax Value | Insurance |
|----------------------------|---------------|------|-----------------|-----------|-----------|-----------|
| 1.                         |               |      |                 |           |           |           |
| 2.                         |               |      | \$              | \$        | \$        | \$        |
| 3.                         |               |      | \$              | \$        | \$        | \$        |
| 4.                         |               |      | \$              | \$        | \$        | \$        |
| 5. Total Real Estate Owned |               | \$   |                 |           |           |           |

**IV. SCHEDULE OF STOCKS, BONDS AND OTHER INVESTMENTS**

| DESCRIPTION | AMOUNT | DESCRIPTION                                  | AMOUNT |
|-------------|--------|--|--------|
| 1.          | \$     | 5.   | \$     |
| 2.          | \$     | 6.   | \$     |
| 3.          | \$     | 7.   | \$     |
| 4.          | \$     | 8.   | \$     |
|             |        | 9. Total Stocks, Bonds and Other Investments | \$     |

**Collection Agency Company Financial Statement****V. SCHEDULE OF OTHER ASSETS**

| DESCRIPTION | AMOUNT | DESCRIPTION           | AMOUNT |
|-------------|--------|-----------------------|--------|
| 1.          | \$     | 5.                    | \$     |
| 2.          | \$     | 6.                    | \$     |
| 3.          | \$     | 7.                    | \$     |
| 4.          | \$     | 8.                    | \$     |
|             |        | 9. Total Other Assets | \$     |

**VI. SCHEDULE OF OTHER LIABILITIES**

| Name of Creditor           | Amount | Type of Obligation | Description of of Security | Amount of Security |
|----------------------------|--------|--------------------|----------------------------|--------------------|
| 1.                         | \$     |                    |                            | \$                 |
| 2.                         | \$     |                    |                            | \$                 |
| 3.                         | \$     |                    |                            | \$                 |
| 4.                         | \$     |                    |                            | \$                 |
| 5.                         | \$     |                    |                            | \$                 |
| 6. Total Other Liabilities | \$     |                    |                            |                    |

**VII. SCHEDULE OF CONTINGENT LIABILITIES**

|   |    |
|---|----|
| 1. Upon Notes or Accounts Receivable Discounted Sold, or Assigned | \$ |
| 2. As Guarantor for Other on Notes Bonds Contracts, etc.          |    |
| 3. Any Other Contingent Liability                                 |    |
| Total Contingent Liabilities                                      | \$ |

**Collection Agency Company Financial Statement****VIII. STATEMENT OF INCOME AND EXPENSES**

|  |    |    |
|--|----|----|
| 1. Income  |    |    |
| 2. Income from Collections                                   | \$ |    |
| 3. Profit (or loss) on investments                           | \$ |    |
| 4. Income from investments                                   | \$ |    |
| 5. Other Income (Part XI (A), Page 6)                        | \$ |    |
| 6. Total Income (sum of lines 2 thru 5)                      |    | \$ |
| 7. Expenses  |    |    |
| 8. Salaries  | \$ |    |
| 9. Accounting Services                                       | \$ |    |
| 10. FICA taxes   | \$ |    |
| 11. Other taxes  | \$ |    |
| 12. Supplies   | \$ |    |
| 13. Depreciation   | \$ |    |
| 14. Insurance & bonds  | \$ |    |
| 15. Advertising  | \$ |    |
| 16. Interest   | \$ |    |
| 17. License & examination fees                               | \$ |    |
| 18. Office expenses  | \$ |    |
| 19. Other expenses (Part IX (B), Page 6)                     | \$ |    |
| 20. Total Expenses (sum of lines 8 thru 19)                  |    | \$ |
| 21. Profit (Loss) (line 6 less line 20)                      |    | \$ |
| 22. Income Taxes   |    | \$ |
| 23. Net Profit (Loss) (line 21 less line 22) **              |    | \$ |
| 24. Arizona Gross Annual Income Include in line 6 (above)*** |    | \$ |

Line 23 *must* agree with Part II, page 3 of Financial Statement.

\*\*\*This figure to be used to calculate the amount of your required surety bond.



## Collection Agency Company Financial Statement

**XI. SCHEDULE OF OTHER INCOME (Part VIII, Line 5):**(A) *Detail all items that exceed 10% of total "Other Income":*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*All other income**Total Other Income*

(B) SCHEDULE OF OTHER EXPENSES (Part VIII, Line 19):

*Detail all items that exceed 10% of total "Other Expenses":*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*All other expenses**Total Other Expenses*

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_

***AFFIDAVIT***State of \_\_\_\_\_ )  
 ) ss

County of \_\_\_\_\_

I, (name of person signing financial statement) \_\_\_\_\_ being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this financial statement and everything contained therein is true and correct to the best of my knowledge and belief and that I have signed this financial statement as (official capacity) \_\_\_\_\_ of the above named applicant/licensee, having full authority to sign such financial statement in said capacity.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(Notarial Seal)

My commission expires \_\_\_\_\_